Sharing One's Art as a Treatment for Loneliness in Cancer Patients

Loren H. Rubino

Albertus Magnus College

Submitted in partial completion of the requirements for the degree of

Master of Arts in Art Therapy and Counseling (MAATC)

May 2020

Abstract

Loneliness is a major health concern for the general population and can lead to depression and lower survival rates in patients with cancer. Cancer patients are faced with existential concerns and social fears that are specific to the cancer journey. Artists with cancer have explored their cancer journey through art and stressed the power of art as a communication tool. Art therapists have studied the effects of art-making on patients with depression and cancer and found a decrease in depression. The purpose of the present research is to determine the effect that verbally processing the artwork after its creation has on loneliness. Due to the unexpected global pandemic, a modified study took place. Two adult participants, with a mean age of 36, were randomly assigned into one of two conditions. Both participants created art and wrote about their artwork, but only the participant in the experimental condition shared verbally after creating art, It was hypothesized that the participant who shared the artwork verbally would experience a significant decrease in loneliness as compared to the one who did not share. Two hypothetical results examine the difference in the loneliness scales' scores between conditions. Additional research is needed in the future, with an actual sample of patients receiving cancer treatment.

Acknowledgements

This author would like to express her heartfelt gratitude to those that encouraged and guided her along this research journey. This author would like to thank the following persons:

Advisor: Rebecca Arnold, MA, ATR-BC
Associate Professor and Clinical Coordinator, Master of Arts in Art Therapy and Counseling,
Albertus Magnus College

Advisor: Stephen P. Joy, PhD
Professor of Psychology and Chair, Department of Psychology
Albertus Magnus College

Reader: Ragaa Mazen, PhD, NCC
Coordinator of Counseling/Psychology, Master of Arts in Art Therapy and Counseling,
Director of Master of Science in Human Services,
Albertus Magnus College

I would like to thank Abbe Miller, Ph.D., MS, ATR-BC, LPC and Angel Duncan, MA, MFT, ATR for your brilliance and for generously encouraging, guiding, and calming me throughout this process. I would also like to thank my peers Amanda Lupfer and Emili Dubar for your writing and editing expertise. Thank you to Cindy O'Brien who has been a rock for us all.

This thesis topic was near and dear to my heart. I have personal experience with a teenage brother who was able to express his extreme loneliness through art during his cancer treatment. I will forever be grateful to the art therapist who brought the art to my family's attention because it changed the way our family spent time together until the day he passed.

Sharing One's Art as a Treatment for Loneliness in Cancer Patients

Emotional and social loneliness are common in cancer patients. According to Adams et al. (2017), loneliness is a mental and physical health risk in the general population and can predict poorer immune functioning, depression, fatigue, and poor sleep quality. Researchers have become interested in studying the loneliness which accompanies a cancer diagnosis because cancer patients are faced with existential concerns such as life and death (Adams et al., 2017). Deckx et al. (2015) focused on emotional and social loneliness in patients who had been diagnosed with cancer in the year prior to the study. According to these authors, emotional loneliness refers to the absence of an intimate figure in one's life, such as a partner or best friend. Social loneliness denotes deficits in a broader group of contacts, such as friends or colleagues. Both types of loneliness were reported to lead to depression and lower survival rates in cancer patients (Deckx et al., 2015). Results also showed a decrease in loneliness in the first few months after a cancer diagnosis because of increased social support. However, as treatment progressed and support decreased over time, patients felt increasingly lonely.

Social loneliness is a rising area of interest in and concern for cancer patients. Naseri et al. (2018) found a significant correlation between social support and depression in cancer patients and suggested that lack of social support can debilitate one's ability to handle stress. These researchers further found that the occurrence of depression was four times higher in cancer patients than in the general population. Overall, 25 percent of cancer patients meet diagnostic criteria for major depressive disorder, which can have a direct bearing on prognosis and mortality rate and increase rate of rejection of treatment (Bar-Sela et al., 2007; Tahmasebi et al., 2017).

Research continues to focus on depression in cancer patients; however, not enough is known about loneliness, which not only is a precursor to depression, but can also lead to major health risks in its own right. According to Cornwell et al. (2009), health risks associated with loneliness are comparable to those of obesity and cigarette smoking. The results of the study showed higher rates of morbidity, infection, and depression in cancer patients who lacked social connections.

Marroquin et al. (2016) investigated the effects of implicit versus explicit emotional expression on depressive symptoms in cancer patients. The researchers suggested that the ability for anyone to explicitly (or outwardly) express emotion is not something that comes naturally, and this challenge seemed to increase in individuals who were experiencing a cancer diagnosis. The result of this study found lower rates of depression in the cancer patients who were able to express themselves explicitly (Marroquin et al., 2016) and highlighted the need for a therapeutic approach that can target hidden (perhaps nonconscious) emotions which can play maladaptive roles (p.842).

Through the creation of art, cancer patients can express emotions about the loneliness and fear that often lead to depressive symptoms. Several contemporary artists, such as Marianne Cuozzo and Michele Angelo Petrone, continued creating art to grapple with loneliness and fears associated with their respective cancer diagnoses. For instance, after being diagnosed with cancer, Cuozzo immediately began creating angry charcoal drawings that she hid under her couch, unable to process and share. Throughout her recovery from the illness, she continued to make art and was eventually able to share this work with others. According to The Breast Cancer Survivor Project, Cuozzo's (2020, Featured Artists Section) more recent artwork continues to

reflect her cancer experience in that she expresses themes of body image, sexuality, and loneliness.

Petrone (2003), diagnosed with Hodgkin's disease at age 28, began painting images on the windows of his room while lying in isolation after chemotherapy. These paintings helped him to work through the horrifying emotions that he was experiencing including, "My fear and then the fear of everybody around me. Illness and death are a part of life, yet they are very much taboo subjects in our society" (p. 4). Before his death in 2007, Petrone helped many other patients with cancer to express, through art, those taboo subjects and fears kept hidden from others. His work with health professionals and the terminally ill led to the forming of the Michele Angelo Petrone (MAP) foundation in 2002 (www.mapfoundation.org) and a book, *The Emotional Cancer Journey* (2003), in which he shared his fear, loneliness, and artwork.

In the late 1800's, before art therapy came into existence, Sigmund Freud hypothesized that the causes of his patients' mental health issues could be discovered in the unconscious and believed that using free association could bring up thoughts and images that would reveal the nature of those problems without thinking directly about them (Freud, 1952). Jung (1933) developed his own version of analytical theory and pioneered the use of painting as a tool to communicate with the unconscious. According to Rubin (2016), Margaret Naumburg, considered the founder of art therapy in the United States, was one of the first Americans to undergo psychoanalysis Naumburg brought her drawings to her own psychoanalyst to better understand the images and, in later developments in art therapy, stressed the release of the unconscious through art (Rubin, 2016).

The creative arts are important to many healing professionals because of their ability to facilitate emotional expression and healing (Rubin, 2016). This developing link between art and

healing has prompted several researchers to examine how art making might promote communication of anxieties. Art therapy, in particular, has been used to uncover psychosocial stress and promote socialization in hospitalized patients (Shella, 2018). Devlin (2006) examined the role of artwork in cancer and palliative care by studying the artwork of children and adults. Devlin identified themes in the artwork of isolation, anger, and lack of hope (p.18). The study highlighted the use of artwork as a tool in the communication process. Puig et al. (2006) studied the efficacy of art therapy to enhance emotional expression and psychological well-being of newly diagnosed stage I and stage II breast cancer patients. In the study, 39 women with Stage I and Stage II breast cancer were randomly assigned to an art therapy intervention or a control group which received no treatment. The results of the study suggested that participation in the art therapy intervention reduced negative emotional states and enhanced well-being more than receiving no intervention (Puig et al., 2006). Glinzak (2016) conducted a proxy study of art therapy outcomes in cancer departments that were already part of the counseling teams' treatment protocols in surgical hospitals in the U.S. Midwest. Art therapy in oncology units, infusion clinics, individual sessions, and open studios were all compared using self-reports. Using the Brief Fatigue Inventory and the Hospital Anxiety Depression scale, researchers found that the mean stress level was reduced from (5.07) to (1.82) after the use of art therapy. Rubin (2011) suggested that adaptive defenses of the individual can be released through art making and used as symbolic speech, which might explain why studies that use art therapy in cancer treatment are showing positive results.

Of the varied ways to reflect on artwork, Rubin (2011), believed that no meaning could come from art products without the active participation of the client/artist. The combination of art making and responding to it engages both hemispheres of the brain, allowing for organization

and synthesizing (p. 122). Several authors have outlined ways to engage with client art. For example, Betensky (1995) supported a phenomenological approach that used open-ended questions about the image such as 'What do you see?' while McNiff (2003) highlighted an open studio approach in which the individual reflects quietly through writing. Active imagination, movement, poetry, and dramatic play are additional non-verbal processing tools that are used by art therapists when they encounter verbal resistance related to sharing artwork (McNiff, 2003). Further, Blomdahl et al. (2017) stated that inner dialogue can be activated at many points during art therapy, such as during the art making process, through the materials used and when responding to the finished art (p. 18). In Blomdahl's view, a dialogue can then be opened with the art therapist in which greater meaning can be found (Blomdahl et al, 2017). Therefore, combining art therapy techniques with narrative therapy can help clients and their families externalize conversations about inner feelings (Carlson, 1997).

Connectedness is a crucial element regarding quality of life in cancer patients. Patients who are diagnosed with cancer face not only the physical pain of the disease and treatment, but also the emotional pains from fear and loneliness. However, many patients keep their fears hidden to protect those around them from being frightened (Petrone, 2003). They can use art as a powerful tool for communication. Making art can evoke and externalize hidden aspects of oneself which can then be shared with an audience or witness in order to deepen connection, empathy, and understanding (Carlson, 1997, p. 274). Art therapists utilize many modalities of expressive response to assist clients in finding meaning in their artwork, and this kind of processing can lead to authentic connection between patient and therapist, patient and group or family members, and patient and self.

The present study was planned to explore whether sharing one's art product with others following art making had an effect on one's feelings of loneliness. It was hypothesized that cancer patients who took part in creating a watercolor drawing about their cancer experience and then wrote about that image and shared their writing with the group, would have a more significant decrease in loneliness as compared to the patients who created the artwork, engaged in writing about it, but did not share the artwork or the writing. This study aimed to measure not only the effect of making art in community with others, but also the effect that sharing one's completed artwork in a socially supportive context had on the degree of loneliness.

Method

Participants

This study intended to use a convenience sample of 30 participants, ages 18 and over, to have been recruited from a population of patients receiving cancer treatment in southern New England; specifically in the state of Connecticut. The recruitment process would have consisted of posting flyers (Appendix A) in doctor's offices, contacting cancer-support groups via Facebook, and word of mouth. Participants would have been randomly assigned to an intervention group and a control group using a coin toss. Due to the current pandemic, this study could not be conducted as planned, but two "participants" were recruited from the researcher's immediate household so as to test-run the protocol.

The participant in the control condition was an 18-year-old white female. She was cooperative and easy to engage. She conveyed frustration with the wording of the UCLA Loneliness Scale; especially statement 1, "I feel in tune with the people around me." She asked, "What does 'in tune' mean?" She also expressed frustration with statement 17, "I am unhappy being so withdrawn" as she felt that it suggests that a person is "so withdrawn." She began

drawing with ease, but after a few minutes asked if she could start over. She was directed to use the other side of the paper, where she began a new drawing. She expressed displeasure that she had to fill out the UCLA Loneliness Scale again after drawing and writing about her drawing.

The experimental condition participant was a 54-year-old white male. He appeared relaxed and was easy to engage. He was cooperative and open to filling out the loneliness measures and eagerly got started on his artwork.

Instruments

The University of California Los Angeles (UCLA) Loneliness Scale. The UCLA Loneliness Scale, Version 3 (Russell, 1996) was used to measure the participants' subjective feelings of loneliness and social isolation (Appendix B). The original UCLA Loneliness Scale was created in 1978; it was revised in 1980 and 1996. Russell noted that the original scale had a high internal consistency (*a* ranging from .89 to .94) and adequate test-retest reliability over a one-year period (r = .73). However, because it consists only of negatively worded statements, there was a risk of systematic bias in the responses given by some test-takers. In 1980, Russell and colleagues revised the scale to include 10 positively worded, non-lonely items, and 10 negatively worded, lonely items.

Participants rate each item on a 4-point Likert-type scale: 4 ("I always feel this way"), 3 ("I sometimes feel this way"), 2 ("I rarely feel this way"), or 1 ("I never feel this way"). Items that are asterisked should be reverse-scored, and the scores for each item are then summed together. Higher scores indicate greater degrees of loneliness. The scale has significant correlations with other measures of loneliness, such as the NYU Loneliness Scale (r = .65) and the Differential Loneliness Scale (r = .72).

Cancer Loneliness Scale. The Cancer Loneliness Scale (Appendix C) was developed to measure loneliness specifically attributable to cancer. Adams et al. (2017) stated that loneliness-reduction interventions had not adequately targeted cancer populations or addressed maladaptive cognitions of cancer patients; therefore, a 7-item unidimensional Cancer Loneliness Scale and a 5-item Unidimensional Cancer-related Negative Social Expectations Scale were developed (Adams et al., 2017). Participants rate each item on a 5-point Likert-type scale: 1 ("I never feel this way"), 2 ("I rarely feel this way"), 3 ("I sometimes feel this way"), 4 ("I often feel this way"), 5 ("I always feel this way"). Higher scores indicate greater degrees of loneliness. The Cancer Loneliness Scale showed excellent reliability with an internal consistency of ($a = 0.94$). The researchers also found that the association between negative social expectations and cancer-related loneliness ($r = 0.70$) was higher than that between negative social expectations and general loneliness as measured by the UCLA Loneliness Scale ($r = 0.47$). Cancer-related negative social expectations were correlated positively with general and cancer-related loneliness, and negative social expectations were also positively associated with anxiety and depression (Adams et al., 2017).

Materials

Materials for each participant included an 11 in. by 15 in. (27.94 cm. by 38.1 cm) piece of Strathmore 400 Series watercolor paper, a set of 24 Prismacolor™ Watercolor pencils, a plastic cup of water, several paper towels, writing paper, and a pen.

Procedure

Sessions were intended to be conducted with groups of four to six participants for a total of at least 30 participants. However, due to the current pandemic, planned research could not be conducted and IRB approval was not sought. Instead, two volunteers were randomly assigned to

the writing control group or the writing then sharing experimental group. Each participant took part in the study individually. They were welcomed, thanked, and randomly given a folder with a numbered packet of forms to fill out (one folder was identified with an "A" for the participants in the experimental condition and one with a "B" for the participant in the control condition, Each packet included a demographic form (Appendix B) and two copies of the informed consent form (Appendix C), which was also explained verbally; one copy was signed and returned and the other was given to the participant to keep. Two art image release/writing release forms (Appendix D) were also included in the packet; one was signed and returned and one was given to the participant to keep. The writer also verbally explained the forms and responded to questions or concerns. The researcher then handed out the UCLA Loneliness Scale (Appendix E) and the Cancer Loneliness Scale (Appendix F) which were completed and handed back.

After both scales were collected, the participants were given one sheet of white watercolor paper, a set of 12 watercolor pencils, a cup of water, and paper towels. Each participant was shown how to use the watercolor pencils and then asked to "create your cancer journey." Any participant who needed further instruction was told, "You may use lines, shapes, and colors or create a picture to create your cancer journey." Participants were informed that their drawing ability would not be judged.

Upon completion of the artwork, the participants were asked to answer writing prompts about their art (Appendix G). After the drawing and writing experiences were concluded, the control participant was asked to complete the UCLA Loneliness Scale, and the Cancer Loneliness Scale which were then collected. This participant was then given the Debriefing Form (Appendix H), offered a deeper explanation of the study, and thanked for participating. Upon completion of the drawing and writing activity, the experimental group participant was asked to

share any responses to the writing prompt with the researcher. After sharing, the participant was thanked and asked to fill out the UCLA Loneliness Scale and the Cancer Loneliness Scale. All completed forms were collected and the participant was given the Debriefing Form (Appendix H) and offered a deeper explanation of the study. With permission, all artwork and writings were photographed and the participants were given the choice to take their creative works with them. All remaining documents were collected and will remain stored in a secure location for at least three years.

Results

The plan of this study was to use SPSS to analyze the data collected from the UCLA Loneliness Scales and the Cancer Loneliness Scales. Due to social distancing precautions related to an unexpected global pandemic, data was only collected from two volunteer participants. One participant was randomly placed in the experimental group and one participant was randomly placed in the control group.

The participant in the experimental condition who shared the art work and writing with the researcher showed a small decreased in the score of the UCLA Loneliness Scale. (pre-test = 43, post-test = 40). It is interesting to note that the score of the Loneliness Scale was increased by the same amount (pre-test = 34, post-test = 37) in the control condition. Scores on the Cancer Loneliness Scale did not change in the experimental condition (21,21) or the score of the participant in the control condition (15,15).

Discussion

This study examined whether loneliness would decrease after verbally processing and sharing one's writing and artwork as compared to creating and writing without verbal processing. Due to the current global pandemic which halted research, two hypothetical results will be

discussed as possible outcomes. It must be emphasized that these are not actual results obtained from samples of patients.

While a great deal of research has shown that the creative arts have the ability to facilitate emotional expression and healing (Rubin, 2016), there is not much data examining whether a significant improvement in mood occurs after sharing one's art. Yet, Rubin (2011) maintained that no meaning could come from art products alone without the active participation of the client/artist in the creation process.

Hypothetical: Hypothesis was Not Supported

The results implied that the hypothesis was not supported. The participant in the control group who did not share art or writing with the researcher, experienced a slightly greater reduction in loneliness on both scales than the experimental participants who did share the art and writing, though the differences were not statistically significant. On the Cancer Loneliness Scale, both samples showed a significant decrease in scores. The experimental participants' loneliness scores actually showed a small (though statistically insignificant) increase in loneliness on the UCLA scale after sharing his artwork. These results suggest that there is little to no impact of sharing one's artwork beyond what is achieved by writing about it without sharing; it is even possible that sharing one's art may actually increase levels of loneliness. This suggests that it was either the art making *per se* that alleviated some degree of loneliness or the act of writing about it. Further studies are needed to investigate the effects of writing versus art making to decrease loneliness in cancer patients.

The results of this study imply that art therapy in combination with writing about one's art could be used to decrease loneliness in cancer patients, however, more research is needed on

the effects of verbal processing, as it remains possible that art-making alone would produce the same effect.

Hypothetical: Hypothesis was Supported

The hypothesis was supported by the significantly decreased levels of loneliness for the participants in the experimental group after sharing their artwork and writing as compared with the participants who did not verbally share the art and writing. The decrease in loneliness scores was greater on both scales, and the difference was statistically significant on the Cancer Loneliness Scale. The participants in the study group were able to take part in active sharing of their artwork while the participants in the control group were not able to verbalize or connect with anyone about possible meanings that they made in the artwork or writing. This change in the treatment protocol produced notably different results, underscoring the importance of verbal processing in an interpersonal context as a healing mechanism in art therapy.

This study was intended to measure changes in loneliness post-art making and verbal processing with cancer patients. The participants in the study group experienced a decrease in their loneliness after sharing art with the researcher. In general, they appeared at ease after the intervention, while many of the participants in the control group appeared to be eager to be finished with the study.

One participant in the control group created a drawing which depicted a woman, sitting in a large chair while receiving chemotherapy (Figure 1). There is a large window in the background with trees that appear grey in color. The figure is thin and is wearing a head wrap. There are x's drawn over the breasts. The figure is drawn without hands and the chemotherapy bag and body are both colored yellow.

One experimental participant drew a picture of his house, shown in multiple perspectives (Figure 2) so the viewer can see the rooms inside. He drew himself, in bed, with a sad face while the rest of his family watched a movie together in another room. He stated "the sun was shining outside and the flowers were growing" while he "laid alone" in his bed. The front door of the house was drawn faintly and the stairs leading to the second floor are not connected to the first floor of the house, where the rest of the family is enjoying the movie.

The sharing of one's art can be done individually or in a group. Art therapists place value on witnessing another's art making and final product. This study suggested an important connection between making and verbally sharing artwork. In this study, the use of color and symbolism in the image drawn by the participant in the control group (Figure 1) seemed to show feelings of loss related to personal control, but also hope that the chemotherapy is working. According to Segal (1986), hope is influenced by physiological factors and patients' drawings can reveal how a patient is unconsciously reacting to treatment. Conversely, the experimental participant drew a picture of his house shown in multiple perspectives (Figure 2), which might signify feelings of inferiority or confusion about how he views his home life. As stated earlier, he drew himself alone, in bed, with a sad face while the rest of his family watched a movie together in another room. The front door of the house was drawn faintly which may signify a limited connection to the outside world. Although stairs were drawn that lead to the second floor, they are not connected to the first floor of the house where the rest of the family is enjoying a movie further isolating him from his loved ones due to needing to be in bed. Carlson (1997) stated that artmaking can bring out hidden feelings and aspects of oneself which can then be shared with others to deepen connection. It is that connection that this study found to be crucial. Drawing can be created in most settings, including hospitals, and can be done individually or in groups. The process of sharing one's work can be used with many populations who may also experience high

levels of loneliness. Individuals in nursing homes, hospitals and persons with chronic debilitating condition, all are prone to experience elevated degrees of loneliness.

Drawing, writing, and sharing could be beneficial in decreasing loneliness in those who are suffering. One way to invite connectivity with those who are experiencing cancer treatment is to provide opportunities for individuals to find greater meaning through processing their emotions with others (Blomdahl, 2017). Particularly now, as people are even more physically isolated in response to the current pandemic, opportunities for art, writing, and sharing one's work could be beneficial. To some extent this can also be done virtually (via teletherapy), which can also reach those living in remote areas or lacking easy transportation to treatment facilities.

A severe limitation for this research was the inclusion of only two "pretend" participants due to the unforeseen global pandemic. Only if we are able to collect actual clinical data will the hypotheses be tested.

The ages of the study participants may have contributed to their willingness and comfort level to spend the time on the posttest and writing prompt. The participant in the control condition, at age 18, expressed frustration with the amount of work to complete the study. Her loneliness rating increased by three but was still much lower at baseline than that of the participant in the experimental condition. Further studies are needed with a wider range of ages to determine not only the increase or decrease in loneliness after sharing or not sharing artwork, but also the baseline of the loneliness scores. The age baseline of the loneliness scores may have also contributed to their reactions to the wording of the measures. A larger sample size with a diverse age range would be desirable in conducting this research study. Gender differences may also contribute to the participant's reactions to sharing or not. More research exploring gender differences in openness and comfort with sharing feelings may be warranted.

Smaller sized paper might be warranted in practice, as the participants seemed daunted by the task of creating art on such large paper (11" x 17"). Cancer patients, who may be feeling fatigued already, may feel overwhelmed by a larger piece of paper. Another possibility would be using the same size paper but a larger drawing tool. Colored pencils are used more for fine lines than complete coverage of the page. Colored pencils may require too much detail, therefore, not allowing for playfulness or letting go. If colored pencils are to be used on their own, they would be more effective with smaller pieces of paper. Perhaps oil pastels, crayons or markers can be used with (or without) the pencils.

Future research is also warranted including family members of the cancer patient in the art therapy process. At the very least, it may be important to share the art and/or the writing with the patient's family so they can better understand the depth of feelings experienced by their loved one.

References

Adams, R. N., Adams, R. N., Mosher, C. E., Mosher, C. E., Winger, J. G., & Kroenke, K. (2018). Cancer-related loneliness mediates the relationships between social constraints and symptoms among cancer patients. *Journal of Behavioral Medicine, 41*(2), 243-252. http://doi.org/10.1007/s10865-017-9892-5

Bar-Sela, G., Atid, L., Danos, S., Gabay, N., & Epelbaum, R. (2007). Art therapy improved depression and influenced fatigue levels in cancer patients on chemotherapy. *Psycho-oncology 16*(11), 980-984. http://doi.org/10.1002/pon.1175

Blomdahl, C., Wijk, H., Guregård, S., & Rusner, M. (2018). Meeting oneself in inner dialogue: A manual-based phenomenological art therapy as experienced by patients diagnosed with moderate to severe depression. *The Arts in Psychotherapy, 59, 17-24*. http://doi.org/10.1016/j.aip.2017.08.006

Breast Cancer Art Project. (2020, March 2). *Marianne DuQuette Cuozzo.* https://www.breastcancerartproject.wordpress.com

Carlson, T. D. (1997). Using art in narrative therapy: Enhancing therapeutic possibilities. *The American Journal of Family Therapy, 25*(3), 271-283. http://doi.org/10.1080/01926189708251072

Cornwell, E.Y., & Waite, L.J. (2009). Social disconnectedness, perceived isolation, and health among older adults. *Journal Health and Social Behavior,* 50(2), 31-48. http://doi.org/10.1177/002214650905000103

Decks, L., van den Akker, M., van el, M., Bulens, P., van Abbema, D., Tjan-Heijnen, V., & Buntinx, F. (2015). *Loneliness in patients with cancer: The first year after cancer diagnosis*. England: Wiley Subscription Services, Inc. http:///doi.org/10.1002/pon.3818

Devlin, B. (2006). The art of healing and knowing in cancer and palliative care. *International Journal of Palliative Nursing*, *12*(1), 16-19. http://doi.org/10.12968/ijpn.2006.12.1.20391

Glinzak, L. (2016). Effects of art therapy on distress levels of adults with cancer: A proxy pretest study. *Art Therapy,* 33(1), 27-34, http://doi.org/10.1080/07421656.2016.1127687

Guttmann, J., & Regev, D. (2004). The phenomenological approach to art therapy. *Journal of Contemporary Psychotherapy, 34*(2), 153-162. (2004). https://doi.org/10.1023/B:JOCP.0000022314.69354.41

Freud, S., Freĭd, Z., Frūyd, S., P'roidi, Freud, S., Freud, S., & Strachey, J. (1952). *On dreams*. New York: Norton.

Jung, C. G., Jung, K. G., ĪUnh, K. H., Jung, C. G., Yung, K. G., Yungu, C. G., . . . Dell, W. S. (1933). *Modern man in search of a soul*. London: K. Paul, Trench, Trubner & Co.

Marroquín, B., Czamanski-Cohen, J., Weihs, K. L., & Stanton, A. L. (2016). Implicit loneliness, emotion regulation, and depressive symptoms in breast cancer survivors. *Journal of Behavioral Medicine, 39*(5), 832-844. http://doi.org/10.1007/s10865-016-9751-9

Naseri N, Taleghani F. (2018). Social support and depression in Iranian cancer patients: The role of demographic variables. *Journal of Caring Science,* 7 (3): 143-7. http://doi.org/10.15171/jcs.2018.023

Petrone, M. A. (2003). *The Emotional Cancer Journey*. East Sussex, England: Sidney Ivor Luck Trust.

Puig, A., Lee, S. M., Goodwin, L., & Sherrard, P. A. D. (2006). The efficacy of creative arts therapies to enhance emotional expression, spirituality, and psychological well-being of

newly diagnosed stage I and stage II breast cancer patients: A preliminary study. http://doi.org/10.1016/j.aip.2006.02.004

Rubin, J. A. (2016). Psychoanalytic art therapy. In Gussak, D. E., & Rosal, M. L. (Eds.), *The Wiley handbook of art therapy* (pp. 26-36). John Wiley & Sons, Ltd.

Rubin, J. A. (2011). *The art of art therapy: What every art therapist needs to know* (2nd ed.). New York: Brunner-Routledge. http://doi.org/10.4324/9780203893845

Russell, D. W. (1996). UCLA Loneliness Scale (version 3): Reliability, validity, and factor structure. *Journal of Personality Assessment*, 66(1), 20-40. http://doi.org/10.1207/s15327752jpa6601_2

Shella, T. A. (2018). Art therapy improves mood, and reduces pain and anxiety when offered at bedside during acute hospital treatment. *The Arts in Psychotherapy*, 57, 59-64. http://doi.org/10.1016/j.aip.2017.10.003

Siegel, B.S. (1986). *Love, medicine & miracles: Lessons learned about self-healing from a surgeon's experience with exceptional patients.* New York, NY: William Morrow.

Tahmasebi, Z., Maghsoudi, J., & Talakoub, S. (2017). The effect of painting on depression in children with cancer undergoing chemotherapy. *Iranian Journal of Nursing and Midwifery Research*, *22*(2), 102–105. http://doi.org/10.4103/ijnmr.IJNMR_242_15

The Foundation for Art & Healing. (n.d.). Retrieved from https://artandhealing.org/

Figure 1

Control Participant Art

Note. This drawing was created by an 18-year-old, Caucasian, female who scored 43 (pretest) and 40 (posttest) on the UCLA Loneliness Scale. This participant scored 21 on the pretest and posttest of the Cancer Loneliness Scale.

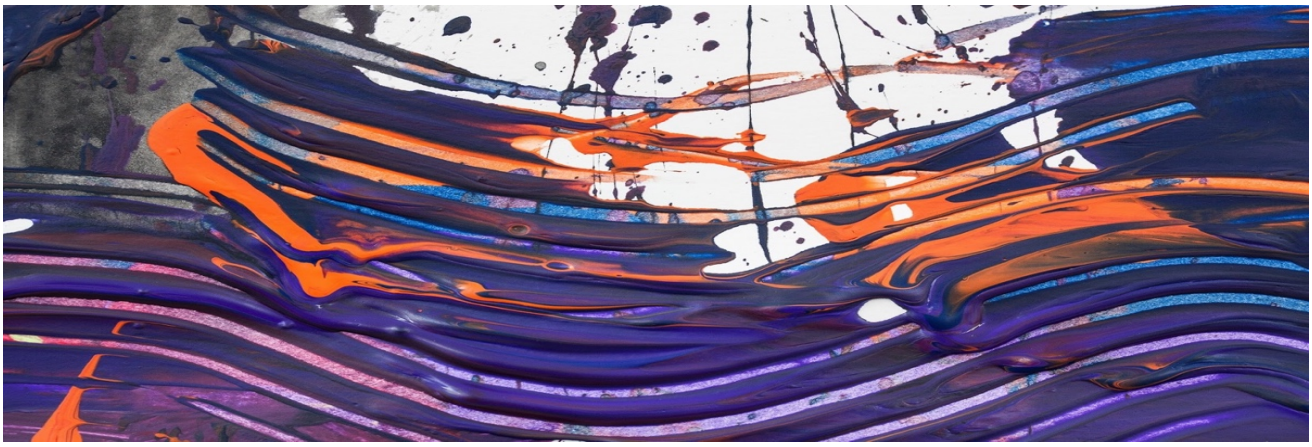
Figure 2

Experimental Participant Art

Note. This drawing was created by a 54-year-old, Caucasian, male who scored 34 (pretest) and 37 (posttest) on the UCLA Loneliness Scale. This participant also scored 15 on the pretest and posttest of the Cancer Loneliness Scale.

Appendix A

Flyer



ATTENTION

Art Therapy Graduate Student Seeking

Participants for Thesis Research Study on

Art Therapy with Patients receiving Cancer Treatment

SEEKING PARTICIPANTS

Participants Must Be At least 18 years old

And Currently Undergoing Treatment For Some Type Of Cancer

One Session Only - 1 Hour

Contact for Details & Scheduling

Loren: lrubino@albertus.edu

203.293.3089

Your participation is greatly appreciated!

This study was approved by the IRB at Albertus Magnus College, New Haven, CT

Appendix B

Demographic Form

Age: _____

Gender:

- ☐ Male
- ☐ Female
- ☐ Non-Binary
- ☐ Transgender Female
- ☐ Transgender Male
- ☐ I chose to identify as _____

How long ago were you diagnosed with cancer?

1-2 years ago _____

3-5 years ago _____

Over 5 years ago _____

What type of cancer were you diagnosed with?

_____

Appendix C

Informed Consent Form

This study is being conducted as part of the requirements for the Master of Arts in Art therapy and Counseling degree at Albertus Magnus College. The goal of this study is to examine the effects of Art Therapy with patients in treatment for Cancer.

During this study, you will be asked to complete a few forms and questionnaires on how you feel, as well as participate in an art-making task. Please note that your art-making abilities are not a factor in this study. All information collected will be confidential and the study is expected to take approximately 30-40 minutes. To maintain confidentiality, the questionnaires and artwork created during this study will be numbered and your name will not be connected to the work in any way.

There are no foreseeable risks involved with participation in this study. Participation in this study is completely voluntary, and you are able to withdraw at any point in time without penalty. The benefits of participating include assisting an Albertus Magnus student in the completion of her thesis requirement, as well as contributing to research on the effects of Art Therapy with patients in Cancer treatment. This study has been approved by the Albertus Magnus College Institutional Review Board (IRB).

If you have any known allergies to art materials, please inform the researcher. If you have any questions or concerns about this research, you may contact the following individuals:

The Investigator:	Art Therapy Advisor:	Psychology Advisor:
Loren Rubino	Rebecca Arnold	Stephen Joy, PhD
lrubino@albertus.edu	rarnold@albertus.edu	sjoy@albertus.edu

Or
Dr. Sean O'Connell, Chair of IRB
soconnell@albertus.edu

By signing this form, I agree that I am 18 years of age or older, understand the study described above and agree to participate in the aforementioned study.

Name (print): _____

Signature: _____ Date: _____

_____I have received a copy of this form to keep for myself

Appendix D

Image & Writing Release

The artwork created during this study will remain confidential; your name will not be connected with your artwork. Photographs of the artwork and writing sample will only be taken with your consent for the purposes listed below. Photographs taken of the artwork and writing will not contain any identifying information.

I agree to have my artwork photographed without identifying information for the following purpose(s), please check any and all that apply.

____ Educational and training purposes

____ Presentation at a professional conference

____ Publication in a professional journal

____ None of the above

I hereby give consent as noted above for the use of my artwork.

_____ _____

Print Name Date

_____

Signature

Please note that if at a later date you choose to withdraw permission for your artwork to be shown as noted above, it may be difficult or impossible to contain images already disseminated in public settings.

_____ I have received a copy of this form to keep for myself.

Appendix E

UCLA Loneliness Scale

INSTRUCTIONS: Indicate how often each of the statements below is descriptive of you.

Statement	**Never**	**Rarely**	**Sometimes**	**Often**
*1. How often do you feel that you are "in tune" with the people around you?	1	2	3	4
2. How often do you feel that you lack companionship?	1	2	3	4
3. How often do you feel that there is no one you can turn to?	1	2	3	4
4 How often do you feel alone?	1	2	3	4
*5. How often do you feel part of a group of friends?	1	2	3	4
*6. How often do you feel that you have a lot in common with the people around you?	1	2	3	4
7. How often do you feel that you are no longer close to anyone?	1	2	3	4
8. How often do you feel that your interests and ideas are not shared by those around you?	1	2	3	4
*9. How often do you feel outgoing and friendly?	1	2	3	4
*10. How often do you feel close to people?	1	2	3	4
11. How often do you feel left out?	1	2	3	4
12. How often do you feel that your relationships with others are not meaningful?	1	2	3	4
13. How often do you feel that no one really knows you we11?	1	2	3	4
14. How often do you feel isolated from others?	1	2	3	4
*15. How often do you fee1 you can find companionship when you want it?	1	2	3	4
*16. How often do you feel that there are people who really understand you?	1	2	3	4
17, How often do you feel shy?	1	2	3	4
18. How often do you feel that people are around you but not with you?	1	2	3	4
*19. How often do you feel that there are people you can talk to?	1	2	3	4
*20. How often do you feel that there are people you can turn to?	1	2	3	4

Scoring:

The items with an asterisk are reverse scored. Keep scoring on a continuous basis. This scale is provided only for Researchers.

Appendix F

Cancer Loneliness Scale

The following statements describe how people sometimes feel after being diagnosed with cancer. For each statement, please indicate how often you have felt that way by writing a number in the space provided.

NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
1	2	3	4	5

1. Since your cancer diagnosis, how often have you felt misunderstood even by your closest friends and family members? _____

2. How often do you feel that others cannot provide the support you need to deal with your cancer? _____

3. Since your cancer diagnosis, how often have you felt that you don't have a lot in common with the people around you? _____

4. How often do you feel that you cannot share personal thoughts about cancer with anyone? _____

5. Since your cancer diagnosis, how often have you felt that you were not needed by others? _____

6. Since your cancer diagnosis, how often have you experienced a general sense of emptiness? _____

7. How often does your cancer diagnosis make you feel isolated from others? _____

Appendix G

Writing Prompt

Take a few minutes to look at your artwork and reflect upon what you have created. What do you see in your artwork? How does it make you feel?

Appendix H

Debriefing Form

Debriefing Art Study

This study is being conducted with the purpose of furthering the research within the field of art therapy. This study investigates whether sharing artwork with a group will have an effect on loneliness in patients with a cancer diagnosis. Research supports that art therapy can have a positive effect on loneliness and depression in patients with cancer. This study aimed to measure the effects of the sharing of artwork and response writing on loneliness. The questionnaires that you filled out were the UCLA Loneliness scale and the Cancer Loneliness Scale. Both measures have been found to be reliable and valid in measuring loneliness.

This researcher has had experience with loneliness in a family member with loneliness and feels passionate about working with the cancer population to promote connection and reduce loneliness. If you would like to learn more about art therapy being used with cancer patients, please email me at: lrubino@albertus.edu, and I will send you information. Recommended Websites are: www.ctarttherapy.org, www.arttherapy.org, www.albertus.edu, www.artandhealing.org. Thank you once again for participating in this research study and contributing to the use of art therapy in the healing professions.